

Guidelines for OVHA Coverage

ITEM: WALKER

DEFINITION: A 3-4 legged, or wheeled, device that assists in the performance of ambulation.

GUIDELINES: Walkers are appropriate for the individual who:

- Demonstrates that the stability and support provided by a walker safely fulfills the individual's mobility needs. This should be demonstrated to a practitioner skilled in the analysis of gait and balance, such as a physical therapist or physician AND
- Achieves a more normalized gait pattern by the use of the walker as demonstrated to a practitioner skilled in gait analysis AND
- Achieves an acceptable level of energy conservation with use of the walker, as demonstrated to a skilled practitioner of gait analysis AND
- Is able to use the device in the home environment.

Wheeled walkers should be considered for individuals who meet all the above guidelines for walkers AND

- Who do not have the physical strength or coordination to lift a rigid walker in order to advance it forward OR
- Who have a cardiac or pulmonary disability that contraindicates the lifting of a rigid walker in order to advance it forward.
- A wheeled walker is inappropriate for individuals who are nonweightbearing through one leg.
- A practitioner skilled in gait analysis (such as a physical therapist or physician) should determine if the individual has the ambulatory stability to utilize 2 wheels, 4 wheels, or pivoting wheels.

The heavy-duty wheeled walker with multiple hand brakes should be considered for individuals who meet all the above guidelines for walkers AND

- Have restricted use of one hand AND/OR
- Have severe neurological disorders.
- They may be also be appropriate for an individual who exceeds the 250-pound weight limit on a standard walker (Medicare guidelines). Use of this device should be determined by a practitioner skilled in gait analysis, such as a physical therapist or physician.

Rigid wheeled walkers with seats or other supports (such as trunk/pelvic stabilization, platform attachments, or foot prompts), which are sometimes referred to as gait trainers, should be considered for individuals who meet all the above guidelines for walkers AND

- Who are unable to support themselves solely with their legs and hands, requiring the additional support of a seat or other support. A physical therapist or physician skilled in gait analysis, muscle strength evaluation, functional evaluation, and postural stabilization is responsible for determining the types of supports required by the individual OR
- Require a seat due to severe, documented functional endurance limitations.

Folding Walkers should be considered for individuals who meet all the above guidelines for walkers AND

- Must frequently travel to medical appointments and demonstrates a need for a folding walker for safe transport.

Reciprocal walkers should be considered for individuals who meet all the above guidelines for walkers AND

- Are able to utilize a reciprocal gait pattern for ambulation, as determined by a practitioner skilled in gait analysis such as a physical therapist AND
- Who are able to lift the walker in order to advance it during ambulation.

Posterior walkers should be considered for individuals who meet all the above guidelines for walkers AND

- Require posterior support to improve posture, promote proper weight shifting, and/or promote limb advancement during the gait cycle.

A hemiwalker should be considered for individuals who meet all the above guidelines for walkers AND

- Are only able to utilize one hand for support during the gait cycle AND
- Who require more support than any type of cane or crutch, as demonstrated to a practitioner skilled in gait analysis such as a physical therapist or physician.

APPLICABLE CODES:

E0130 Walker, rigid, (pickup), adjustable or fixed height
E0135 Walker, folding, (pickup), adjustable or fixed height.
E0140 Walker with trunk support, adjustable or fixed height, any type.
E0141 Walker, rigid, wheeled, adjustable or fixed height.
E0143 Walker, folding, wheeled, adjustable or fixed height.
E0144 Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat.
E0147 Walker, heavy duty, mult. Braking system, variable wheel resistance.
E0148 Walker, heavy duty, without wheels, rigid or folding, any type, each.
E0149 Walker, heavy duty, wheeled, rigid or folding, any type.
E0154 Platform attachment, walker, each.
E0155 Wheel attachment, rigid pickup walker, per pair.
E0156 Seat attachment, walker.
E0157 Crutch attachment, walker, each.
E0158 Leg extensions for walker, per set of 4.
E0159 Brake attachment for wheeled walker, replacement, each.

CAUTIONS: A walker is not appropriate for individuals whose balance, safety, support, energy conservation, and gait needs exceed the utility of a walker. Demonstration of the individual's ability to benefit from a walker should occur on surfaces equivalent to the individual's needs within the home and such as might be encountered on a visit to a physician's office. A walker

may not be appropriate for individuals with unilateral hand weakness or deformity; a cane, crutch, or hemiwalker may be more useful. Severe bilateral leg weakness may result in the need for a wheelchair instead of a walker. Cardiopulmonary weakness, which significantly affects endurance, or bilateral arm weakness may result in the need for a rolling walker or wheelchair.

EXAMPLES OF DIAGNOSES: Orthopedic, neurological, cardiopulmonary, metabolic, or other conditions that result in impaired balance, strength, and endurance, such as arthritis, amputation, Parkinson's disease, multiple sclerosis, stroke, emphysema.

REQUIRED DOCUMENTATION:

Current, complete Certificate of Medical Necessity demonstrating the medical necessity of the device and all accessories to the device. For example, a walker with a seat will require medical necessity justification for both the walker and the seat. A gait analysis by a physical therapist or physician documenting the beneficiary's mobility status, the devices trialed, and a demonstration that the device requested is the least expensive, most appropriate device for the beneficiary's medical needs would be very helpful to have in the record.

REFERENCES:

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Medical Director's signature: _____

Medicaid Director's signature: _____

Date:

Revision 1:

Revision 2:

Revision 3: